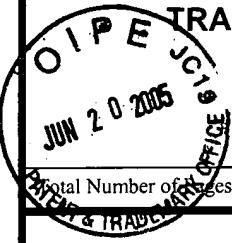
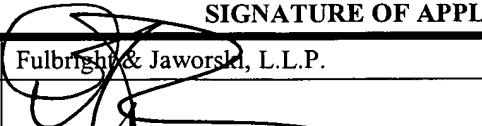


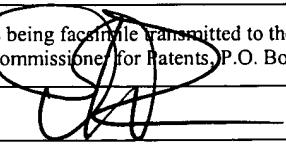
JFW

 TRANSMITTAL FORM Total Number of Pages in this Submission : <u>12</u>		Application Number:	08/726,211		
		Filing Date:	10/04/1996		
		First Named Inventor:	Tormo, Mar		
		Art Unit:	1636		
		Examiner Name:	Sullivan Daniel		
		Attorney Docket Number:	UTXC:504		
ENCLOSURES (check all that apply)					
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> References _____ <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 <input type="checkbox"/> Declaration(s) _____ <input type="checkbox"/> Copy of Notice of Missing Parts	<input checked="" type="checkbox"/> Drawings(s) <u>12</u> <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Statement under 37 CFR §3.73(b) <input type="checkbox"/> Designation of Patent Practitioners <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below)			
		<input type="checkbox"/> Check in the amount of _____ <input type="checkbox"/> Sequence Statement <input type="checkbox"/> Paper Copy of Sequence Listing <input type="checkbox"/> Computer Readable Form (CRF)			
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		Remarks: If the check is inadvertently omitted, or the amount is insufficient, or should any additional fees under 37 C.F.R. §§ 1.16 to 1.21 be required for any reason relating to the enclosed materials, or should an overpayment be included herein, the Commissioner is authorized to deduct or credit said fees from or to Fulbright & Jaworski L.L.P. Account No.: 50-1212/UTXC:504US.			

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Firm Name	Fulbright & Jaworski, L.L.P.	Customer Number	32425
Signature			
Printed Name	David L. Parker	Reg. No.	32,165
Date	June 16, 2005		

CERTIFICATE OF TRANSMISSION/MAILING

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